

RATES: HEALTH INSURANCE PROGRAMS								Section 3.4-7
Active Employee Rates (2014 Plan)								
Effective July 1, 2014								
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning June 29, 2014, and paid on July 18, 2014.								
							20 Pay Pd	
			Annual	Monthly	Biweekly		Employees	
Medical Plan								
Individual			\$7,122.12	\$593.51	\$273.93		\$356.11	
Family			\$19,966.68	\$1,663.89	\$767.95		\$998.33	
Dental Plan								
Individual			\$392.76	\$32.73	\$15.11		\$19.64	
Family			\$1,099.44	\$91.62	\$42.29		\$54.97	
Vision Plan								
Individual			\$56.88	\$4.74	\$2.19		\$2.84	
Family			\$156.96	\$13.08	\$6.04		\$7.85	
Medical, Dental, and Vision								
Individual			\$7,571.76	\$630.98	\$291.23		\$378.59	
Family			\$21,223.08	\$1,768.59	\$816.28		\$1,061.15	

RATES: HEALTH INSURANCE PROGRAMS								Section 3.4-7
Active Employee Rates (2014 Plan) - Employee Co-Share (Percent of Premium Based)								
Effective July 1, 2014								
Please replace Section 3.4-7 of the State of Rhode Island Payroll Manual with the new schedule effective for pay period beginning June 29, 2014, and paid on July 18, 2014.								
FULL TIME		Percentage	Medical	Dental	Vision	Total		
Individual								
Less than \$95,481		20%	\$54.79	\$3.02	\$0.44	\$58.25		
\$95,481 and above		25%	\$68.48	\$3.78	\$0.55	\$72.81		
Family								
Less than \$48,696*		15%	\$115.19	\$6.34	\$0.91	\$122.44		
\$48,696* to less than \$95,481		20%	\$153.59	\$8.46	\$1.21	\$163.26		
\$95,481 and above		25%	\$191.99	\$10.57	\$1.51	\$204.07		
*will increase to \$49,670 effective 10/5/14								
PART TIME		(Based on Annualized Total Rate)						
Individual								
Less than \$90,000		20%	\$54.79	\$3.02	\$0.44	\$58.25		
\$90,000 and above		35%	\$95.88	\$5.29	\$0.77	\$101.94		
Family								
Less than \$90,000		20%	\$153.59	\$8.46	\$1.21	\$163.26		
\$90,000 and above		35%	\$268.78	\$14.80	\$2.11	\$285.69		